

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/830831 FILING DATE 13 JUL 2007  
 APPLICANT(S) Budnik

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				51							
2		/		/			52							
3		/		/			53							
4		/		/			54							
5		/		/			55							
6		/		/			56							
7		/		/			57							
8		/		/			58							
9		/		/			59							
10		/		/			60							
11		/		/			61							
12		/		/			62							
13		/		/			63							
14		/		/			64							
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16							66							
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39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	1		1				TOTAL IND.							
TOTAL DEP.		15		14			TOTAL DEP.							
TOTAL CLAIMS	16		15				TOTAL CLAIMS							

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